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Any publication or article listed in this bulletin may be borrowed free of charge from the Bureau of Information of the National Society for Crippled Children. Bibliographies listing similar articles, or loan package libraries containing additional literature on any of the subjects discussed in these articles, will be sent to any interested person upon request.

Articles appearing in the bimonthly magazine, THE CRIPPLED CHILD, or in the bimonthly news letter of the Society, THE CRIPPLED CHILD BULLETIN, are not listed in this bulletin

A list of periodicals in which articles listed in this issue originally appeared, together with their addresses and prices, is given on Page 7.

Bulletin on Current Literature

Prepared by Lillian Dowdell, Librarian

Issued monthly to affiliated state and local societies for crippled children, state agencies engaged in the treatment, education or vocational rehabilitation of cripples, and public or private institutions and agencies having Institutional Membership in the National Society for Crippled Children. Available also to other individuals and agencies who pay 50¢ a year to cover actual costs of materials and postage.

321. Arey, Margaret S., R.N. Infantile Paralysis - What Can be Done About It? The American Home, Sept., 1943. Vol. 34, No. 4, pg. 80-81.
322. Ayer, A. MacGregor. Rehabilitation of Disabled Veterans in Germany. Social Security Bulletin, August, 1943. Vol. 6, No. 8, pg. 22-25.

"The rehabilitation of the disabled serviceman begins in the military hospital before his discharge from the armed forces. Medical officers and psychologists of the Army, Navy, and Air Force, as well as representatives of the employment service, cooperate in formulating retraining and reemployment plans for the individual serviceman. ...

"A serviceman is generally not discharged from the armed forces until his restoration has been completed or at least advanced to a point where he is able to proceed to his home community. Immediately upon discharge, he becomes the responsibility of the sickness insurance office which provides further medical treatment, including if necessary a cure at a spa or a sanitarium, procurement and instruction in the use of artificial limbs and other prosthetic devices, medicines, and continuous nursing care in the care of incurable disability. ...

"A disabled serviceman is generally retrained in his old or a related occupation. Only in exceptional cases is retraining in a new occupation encouraged. ...In formulating retraining programs, the veteran's individual wishes, inclinations, and talents are considered. Aptitude and intelligence tests are widely used to gauge his ability, especially if retraining in a new occupation is recommended.

"A disabled veteran who is considered capable of resuming gainful employment is entitled to preferential treatment in the labor market. ... A veteran with more than 50-percent disability is further protected through a provision that employers, including municipal and State authorities, must reserve at least 2 percent of their job openings for such veterans. Preferential treatment accorded to employed disabled veterans includes special hourly rates in occupations where piece rates are customary, longer rest periods, and special shopping and transportation privileges."

"Pensions and other financial aid to disabled veterans are calculated on the basis of length of service, rank, occupation prior to military service, degree of disability, number of dependents, and place of residence. In general, the German Government proceeds on the principle that veterans should, so far as possible, suffer no economic deterioration as a result of their military service or of injury suffered while in the service. Therefore, in the case of disabled veterans considered capable of earning their own living, financial aid assumes the character of supplementary subsidies to compensate for reduced earnings and of allowances paid to ensure their maintenance during the period of retraining or looking for employment."

Two pages are devoted to an outline and explanation of the system of pensions and other financial assistance.

323. Barnett, E. D., M.D. Facing Fifty Polio Cases. Hospitals, Sept., 1943. Vol. 17, No. 9, pg. 17-19.

The Medical Superintendent of Sonoma County Hospital, Santa Rosa, California, describes hospital's preparation and administration during a poliomyelitis epidemic.

324. Buch, Joseph G. Annual Report, New Jersey State Elks' Crippled Children's Committee, June 20, 1943. The author, 732 Broad Street Bank Bldg., Trenton 8, N.J. 11 pp. Mimeographed.
325. Buie, N. D., M.D. Management of Poliomyelitis. The Texas Outlook, Oct., 1943. Vol. 27, No. 10, pp. 54-55.
326. Buie, N. D., M.D. Observations on Poliomyelitis. The Texas Outlook, Sept., 1943. Vol. 27, No. 9, pp. 44-45.
327. Case, R. D. Training the Handicapped. The School Executive, Sept., 1943. Vol. 63, No. 1, pp. 31, 36.

The Superintendent of the Salinas [California] Union High School District tells of the organization of vocational rehabilitation services in local school districts in his state, and relates some of the accomplishments of this service in his own district.

328. Child-Care Assistant Work at Ann J. Kellogg School. Journal of Exceptional Children, May, 1943. Vol. 9, No. 8, pp. 248-249.

Children in the seventh and eighth grades at this special school for handicapped children may choose, as an elective subject, assistant work in child care, cafeteria, library, office or maintenance work. Types of work performed and advantages of this plan are discussed.

329. Copp, Tracy. The Physically Disabled and the War Effort. The Social Service Review, Sept., 1943. Vol. 17, No. 3, pp. 320-327.
330. Harmon, Paul H., Ph.D., M.D. and Hoyne, Archibald, M.D. Poliomyelitis and Pregnancy. The Journal of the American Medical Association, Sept. 25, 1943. Vol. 123, No. 4, pp. 185-187.

The authors review briefly the medical literature on obstetric experiences of women previously paralyzed by poliomyelitis and of women contracting acute poliomyelitis during pregnancy, and present two case histories in the latter classification.

"This report will add further evidence to the thesis that now appears to be well established: that pregnancy has little, if any, influence on the course of poliomyelitis in a paralyzed mother and, conversely, that in utero infection of the fetus occurs with rarity, if at all. The corollary that acute poliomyelitis in the mother has no effect on the fetus is questioned by one of our cases [case 17] in which fetal death occurred in utero presumably as a result of asphyxia associated with faulty oxygenation of the maternal blood during the acute course of bulbar poliomyelitis.

"... Whether operative delivery in our case 1 would have resulted in a different outcome is problematic, but the case of impending respiratory paralysis in the mother resulting in maternal and fetal anoxia is apparently the only situation which would indicate operative delivery."

331. Horton, Evelyn. Some Aspects of Rehabilitation as Seen by a Medical Social Worker. Social Service Review, Sept., 1943. Vol. 17, No. 3, pp. 328-334.
332. The Hot School Lunch - A Special Project of the National Congress of Parents and Teachers. National Parent-Teacher, Oct., 1943. Vol. 38, No. 2, pp. 28-29.

333. Iowa Cares - Directory of Agencies Serving the Physically Handicapped. Iowa Society for Crippled Children and the Disabled, 404 Plymouth Bldg., Des Moines 9, Iowa. Oct., 1943. 6-panel folder.

Lists and briefly describes the activities of the state agencies administering special services for the physically handicapped, and other cooperating governmental agencies. Seventeen state or regional non-governmental organizations are also listed. Suggestions are given for the use of the directory and for referring cases to the agencies listed in it.

334. Jordan, Henry H., M.D. Foot Problems in Wartime. Archives of Physical Therapy, Sept., 1943. Vol. 24, No. 9, pp. 524-532.

"It is the purpose of this paper to outline some of the facts that should influence future development in the treatment of common disorders of the foot. The discussion is limited to the treatment and prophylaxis of weak and painful feet among the civilian population. ...

"We must realize...that with gasoline rationing, with many changes of occupation because of the war effort, with additional hours of standing imposed by unaccustomed housework, with walking on air raid duty, etc., increasing demands are constantly being made on hitherto normal feet, which may break down under the strain unless prophylactic measures are used. ...

"The rationing of shoes, deplorable as the necessity may be, has one advantage. It forces the patient to seek relief from his discomfort without first resorting to a legion of 'orthopedic shoes.' Moreover, rationing of shoes makes the public shoe conscious. Longevity of the shoe becomes important. If the shoe is out of shape after a short period, its wearer realizes that something must be wrong with the foot. ...

"Shoe economy, so essential for the duration of the war, will be greatly facilitated if weak and deformed feet are properly corrected by means of an adequate foot brace prior to the purchase of new shoes."

Dr. Jordan discusses the treatment of common foot disorders by orthopedic appliances, physical therapy, manipulations, strappings, and surgical procedures.

335. Kramer, Morton, Sc.D.; Toomey, John A., M.D.; Knapp, Harold J., M.D.; and Doull, J. A., M.D. Poliomyelitis in Cuyahoga County, Ohio, 1941. American Journal of Public Health, Oct., 1943. Vol. 33, No. 10, pp. 1208-1216.

336. Krusen, Frank H., M.D. and Elkins, Earl C., M.D. Teaching of Physical Medicine in Relation to the War Effort. Archives of Physical Therapy, Sept., 1943. Vol. 24, No. 9, pp. 543-556.

In this paper delivered to the 1942 meeting of the American Academy of Physical Medicine, the authors discuss the scarcity of trained physical therapy physicians and technicians, and the essentials of an adequate training program to prepare additional workers in this field.

"We may conclude...that by June, 1943, somewhere in the neighborhood of one hundred and fifty medical officers will be on active duty in military physical therapy departments. This will indicate considerable progress in meeting the need but will be far from reaching the probable eventual requirement for more than four hundred such physicians."

In discussing the supply of physical therapy technicians, the authors quote J. S. Coulter and H. A. Carter ["Need for physical therapy technicians," War Medicine, 2:824, Sept., 1942], who estimated the "demand" as 1,154, and the "need" as 6,076. Krusen and Elkins indicate that "At present there are in this country only about one thousand, six hundred qualified physical therapy technicians to take care of civilian needs."

"Vigorous efforts have been made to enlarge the facilities for training physical therapy technicians. Two years ago there were only sixteen approved schools for training such technicians. Now there are twenty approved schools; four additional (two Army and two civilian) schools have been organized under satisfactory auspices, and these undoubtedly will be approved also. These twenty-four schools now have a capacity of more than seven hundred students, but according to the last report from the Council on Medical Education and Hospitals of the American Medical Association, there were enrolled in these schools only two hundred and thirty-two students. It must be stressed that the need now is not for more training schools but for an adequate number of students to fill these training schools."

The authors again quote Coulter and Carter on the two means which have been used to meet this shortage - organization of training courses for volunteer physical therapy assistants, and the student recruitment campaign sponsored by the physical therapy profession and the National Society for Crippled Children. Krusen and Elkins indicate by a footnote to this article that "since the presentation of this paper this campaign has been continued with considerable success. By November 20 more than two thousand, five hundred applications had been received from persons who signified their desire to obtain training for service as physical therapy technicians (aids) in military hospitals. We now believe that there is a reasonable certainty that the schools for physical therapy technicians will be filled with well prepared students."

The authors also discuss the organization and content of wartime emergency courses for physical therapy physicians and for physical therapy technicians.

337. Malott, Bonnie E. Occupational Therapy - The Saving of Mind and Life through Artcrafts. School Arts, Sept., 1943. Vol. 43, No. 1, pp. 17-18.
338. Manual of Occupational Therapy. American Medical Association., 535 North Dearborn St., Chicago 10, Illinois. 1943. 64 pp. 25¢.

This manual was prepared for the use of military medical personnel by the Council on Physical Therapy of the American Medical Association, the Committee of the American Occupational Therapy Association, and the Subcommittee on Physical Therapy and Committee on Information of the Division of Medical Sciences of the National Research Council.

An introductory section presents the definition, scope, principles and methods of occupational therapy. Most of the manual is then devoted to a discussion of the use of occupational therapy in various orthopedic and surgical conditions and other types of disability occurring in the armed forces. Information is included on the organization of an occupational therapy section in an Army or Navy hospital.

339. Miller, Watson B. Education and the War. Journal of Exceptional Children, May, 1943. Vol. 9, No. 8, pp. 236-240, 252-253.

Discusses the relation of special education to war manpower.

340. Misbach, Wanda A. Needed: Occupational Therapists. Everybody's Digest, Oct., 1943. Vol. 1, No. 3, pp. 62-65.

On occupational therapy as a profession. Reprinted from The Woman, May, 1943.

341. On Its Own Legs. Business Week, Aug. 7, 1943. No. 727, pg. 34.

A brief description of the prosthetics industry, with especial attention to its wartime increase in business and wartime problems of supplies.

342. Rehabilitation of Recipients of Public Assistance. Dept. of Social Welfare, Albany, New York. 1943. 28 pp. Mimeographed.

A directory and description of physical and vocational rehabilitation services available to New York State residents from the several divisions of the state departments of education, labor, and social welfare, and the U. S. Employment Service.

343. Rowntree, Col. Leonard G.; McGill, Kenneth H.; and Edwards, Thomas J., Ph.D. Causes of Rejection and the Incidence of Defects - Among 18 and 19 Year Old Selective Service Registrants. The Journal of the American Medical Association, Sept. 25, 1943. Vol. 123, No. 4, pp. 181-185.

344. State Workmen's Compensation Legislation in 1943. Monthly Labor Review, Sept., 1943. Vol. 57, No. 3, pp. 543-550.

Contains a section on second-injury funds, describing and comparing the new legislative provisions for such funds in Maine, Michigan, Washington, Missouri, Oklahoma, and Rhode Island, and pointing out the relationship between such funds and the employment of the physically handicapped. New legislation in New Hampshire and Indiana, which permits handicapped persons to waive their workmen's compensation rights in order to obtain employment is also described.

345. Untapped Manpower - Facts and Figures on Employment of the Physically Handicapped. United States Civil Service Commission, Washington, D. C. Aug., 1943. 15 pp. Free.

This booklet is "presented for the consideration of Federal appointing officers" and issued under the sponsorship of the Coordinating Committee for Placement of the Physically Handicapped in the Federal Service representing the U. S. Civil Service Commission; Council of Personnel Administration; Office of Vocational Rehabilitation, Federal Security Agency; Veterans' Administration; and Veterans' Employment Service, War Manpower Commission.

The booklet presents three arguments for employment of the physically handicapped; there is a manpower shortage; the handicapped are good workers; and disabled veterans will be among the handicapped. These arguments are backed by quotations and statistics from a survey of more than 100 employers of the handicapped. Eight full-page photographs show handicapped individuals at their work in war industries.

In a statement on "procedure in obtaining physically handicapped employees," the booklet indicates that the Civil Service Commission may include physically handicapped persons in the list of eligibles certified for consideration in filling vacancies or the appointing officer may specify a handicapped person in his request to the Commission.

Additional information about article No. 342 in this issue:
Publisher writes "we will not be able to distribute any more
copies of this bulletin, which was prepared primarily for use
by local public welfare agencies in New York State." Loan
copies are available from National Society for Crippled Children.

346. Use of Handicapped Workers in War Industry. Monthly Labor Review, Sept., 1943. Vol. 57, No. 3, pp. 435-443.

A brief history of vocational rehabilitation of the handicapped in this country is followed by a discussion of the disadvantages and advantages of handicapped employees, recommendation and explanation of selective placement for the handicapped, and short accounts of successful placements.

"Placements of disabled persons in gainful occupations have been small, in comparison with the estimated 2½ to 3 million persons available. The U. S. Employment Service, which is responsible nationally for the placement of the physically handicapped, reports that 91,396 such persons were placed during the year 1942. This figure represents an increase of 72 percent over the previous year and an increase of 230 percent over 1940. Placements of the physically handicapped have also increased in relation to total placements made by the agency, rising from 0.7 percent in the last quarter of 1940 to 1.8 percent in the first quarter of 1943 (see table).

"The rehabilitation departments of the various States, acting in cooperation with the Vocational Rehabilitation Division of the U. S. Office of Education, have likewise expanded their placements of the handicapped since the beginning of the war. The Division estimates that during 1943-44 about 40,000 persons will undergo rehabilitation."

"The U. S. Civil Service Commission states that the established policy of the Federal Government is to make full use in the Federal service of those **physically** handicapped. The Commission reports that more than 10,500 handicapped persons have already been placed in Government service."

347. Watkins, Arthur L., M.D.; Brazier, Mary A. B., Ph.D.; and Schwab, Lt. Commander Robert S. (MC), U.S.N.R. Concepts of Muscle Dysfunction in Poliomyelitis. Journal of the American Medical Association, Sept. 25, 1943. Vol. 123, No. 4, pp. 188-192.

"In order further to elucidate these [Kenny] concepts of muscle 'spasm,' 'mental alienation' and 'incoordination' we have studied the electrical discharges of muscles while at rest, during passive stretching and during voluntary contraction, both in the early and in the late stages of poliomyelitis. The observations have been compared with similar studies on normal controls and on patients having traumatic lesions of peripheral nerves. These investigations have yielded information of the disorder of muscle function in poliomyelitis and have led us to conclude that the Kenny concepts of muscle involvement in this disease, although the basis of an excellent type of treatment, are inadequate as a physiologic explanation of the dysfunction present.

...

1. In poliomyelitis the term 'muscle spasm' is inadequate to describe the complexity of dysfunction which is revealed by electromyography.
2. In the acute stage, only muscles with some degree of paralysis discharge electrical potentials at rest; these electrical abnormalities are not correlated with the presence of clinical 'spasm.'
3. Partially paralyzed muscles are hyperirritable to passive stretching, as indicated by electrical discharges and pain; the muscle tension thus developed appears to be a reflex protective mechanism.
4. The electrical activity in paretic muscles at rest increases during the period of improving motor power, and the pattern of discharges corresponds with that seen in muscles during regeneration of peripheral nerves. When improvement in motor power ceases, spontaneous electrical discharges disappear.

5. No abnormal electrical activity is associated with the muscle contractures of the late stage of poliomyelitis, nor are any discharges present in completely paralyzed muscles.
6. The concept of 'mental alienation' does not contribute to the explanation of paresis in our cases, since objective signs of a disease process were always present in the paretic antagonists of muscles in 'spasm.'
7. Increase of voltage of action potentials during successive ergographic tests is an index of recovery of motor power.
8. Of the three concepts of Kenny, the only one upheld by our objective measurements is that of 'incoordination,' although the term is misleading. We demonstrated not only simultaneous activation of protagonists and antagonists but also intermittent synchrony of individual discharges from opposing muscles, such as is found in peripheral nerve injuries during regeneration of axons. Disordered reciprocal innervation seems to be a more descriptive term for this type of dysfunction."

348. Wilson, Arthur Jess. The Vocational Challenge of the War Wounded. Industrial Arts and Vocational Education, Sept., 1943. Vol. 32, No. 7, pp. 276-277.

A vocational rehabilitation official discusses American democracy's obligations to the war wounded, classing these obligations as moral, political, economic, and social. He offers five recommendations for a program of planning and organization to meet these obligations.

349. Working Manual. New Hampshire Society for Crippled Children and Handicapped Persons, 7 Prospect Street, Nashua, N. H. 1943. 11 pp.

Information about the organization, purposes and activities of the state society, and suggestions and instructions for local activities are concisely presented in this pocket-size manual for chairmen of local units.

Periodicals

- The American Home, 444 Madison Ave., New York. Monthly. \$1.50 yr. 15¢ copy.
- American Journal of Public Health, 1790 Broadway, New York 19. Monthly. \$5 yr. 50¢ copy.
- Archives of Physical Therapy, 30 North Michigan Ave., Chicago 2. Monthly. \$5 yr.
- Business Week, 330 W. 42nd St., New York 18. Weekly. \$5 yr. 20¢ copy.
- Hospitals, 18 E. Division St., Chicago. Monthly. \$3 yr.
- Industrial Arts and Vocational Education, 540 N. Milwaukee St., Milwaukee 1. Monthly except July and August. \$2.50 yr.
- The Journal of the American Medical Association, 535 N. Dearborn St., Chicago 10. Weekly. \$8 yr. 25¢ copy.
- Journal of Exceptional Children, Saranac, Mich. 3 times a year. \$2 yr. 30¢ copy.
- Monthly Labor Review, Government Printing Office, Washington 25, D. C. \$3.50 yr. 30¢ copy.
- National Parent-Teacher, 600 S. Michigan Blvd., Chicago. Monthly, Sept. to June, inclusive. \$1 yr. 15¢ copy.
- School Arts, Printers Bldg., Worcester, Mass. Monthly, Sept. to June, inclusive. \$4 yr. 50¢ copy.
- The School Executive, 470 Fourth Ave., New York 16. Monthly. \$2 yr. 25¢ copy.
- Social Security Bulletin, Government Printing Office, Washington 25, D.C. Monthly. 20¢ copy.
- The Social Service Review, 5750 Ellis Ave., Chicago. Quarterly. \$4 yr. \$1.25 copy.
- The Texas Outlook, 410 East Weatherford St., Fort Worth. Monthly. \$2 yr. 20¢ copy.